

IN PATIENT SUMMARY BILL

UHID : MHI202381343

IP No : IPH2023002623

Patient name : Mr.RAMESH.S

Age : 44 Y 3 M 4 D/Male

Bill No : MMH/HM/IPH202400011

Bill Date : 03/01/2024

DOA : 28/12/2023 11:16AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ACCOMMODATION	₹ 2,750.00
2	ADMINISTRATION CHARGES	₹ 600.00
3	BED CHARGES	₹ 26,000.00
4	BLOOD COMPONENTS	₹ 500.00
5	DIET CHARGES	₹ 7,800.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
7	EQUIPMENT	₹ 17,000.00
8	GENERAL PROCEDURE	₹ 1,500.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 18,062.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 7,200.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 34,000.00
15	PHARMACY CHARGE	₹ 72,242.00
16	PHYSIOTHERAPY	₹ 7,000.00
17	PROFESSIONAL TEAM FEES	₹ 42,000.00
18	RADIOLOGY	₹ 3,590.00
19	SURGICAL PACKAGE-HEART	₹ 4,206.00
20	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 255,000.00
Net Payable		₹ 255,000.00
Advance Amount		₹ 255,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Fifty-Five Thousand Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/12/2023	MMH/HM/RECAP00701	CASH	Advance Amount	200,000.00
2	03/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	25,000.00
3	03/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	25,000.00
4	03/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	5,000.00